

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Gasper
(b) City or town Joplin
(c) Name of hospital or institution St. Louis Hospital
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 17 months
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME ROBERTA FANNING

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased June 29 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 11 11 _____ hr. _____ min.

9. Birthplace Galena Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name C. Fanning
13. Birthplace Miami Oklahoma
(City, town, or county) (State or foreign country)
14. Maiden name Bessie Wade
15. Birthplace Galena Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Wade
(b) Address Joplin, Mo.
17. (a) Removal (b) Date thereof June 12 1941
(Specify type of place) (Month) (Day) (Year)

(c) Place: burial or cremation Miami, Oklahoma

18. (a) Signature of funeral director Lanpheus Mortuary
(b) Address 1522 Joplin St. Joplin, Mo.

19. (a) 6-10-41 (b) E. B. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee
(c) City or town Galena
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 2
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1941 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from 1-5
1941 to June 10, 1941;
that I last saw her alive on Jan 9, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Traumatic hemorrhis Heart
Due to Pulmonary abscess

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) auto accident ✓
(b) Date of occurrence 12-15-39
(c) Where did injury occur? Galena - Cherokee - Kan.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
37th Highway 150
(Specify type of place) (e) Means of injury _____

23. Signature E. B. Jones (M. D. or other) MD
Address Joplin, Mo. Date signed 6-10-41

41-7-549

17 DEC 6
95

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

F. M. Jones

Licensed Embalmer No. *2319*

P. O. Address

Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21890

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

Roberta Fanning

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex F

5. Color or
race W

6. (a) Single, widowed, married,
divorced S

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

hr. min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____

(b) _____

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Kansas (b) County Cherokee
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. Galena (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH _____ month _____ day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____ 19_____, to _____ 19_____;

that I last saw him _____ alive on _____

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Traumatic neurosis
Pulmonary abscess

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 12-15-39

(c) Where did injury occur? Galena - Cherokee Kan.

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Highway

Collision of two cars

While at work? No

(Specify type of place)

(e) Means of injury _____

23. Signature _____

(M. D. or other)

Address _____

Date signed _____

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Ellenwille E. Morley, m.d.
Joplin, Mo.

